

2689

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-044381

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11004

STATE FILE NUMBER

FILED DEC 14 1962

## 1. PLACE OF DEATH

## a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St. Louis

Length of stay in lb

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

## a. STATE

## b. COUNTY

Mo

c. CITY  
OR TOWN

St. Louis

-Inside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

St. Louis City Hospital

Inside Limits  
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

850 Goodfellow Ave

Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Charles

Honaker

4. DATE  
OF DEATH

Month

Day

Year

November 15, 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

3/6/1883

## 9. AGE (last birthday)

79

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Louisville, Kentucky

12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

unk

## 13b. MOTHER'S MAIDEN NAME

unk

## 14. NAME OF HUSBAND OR WIFE

None

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

unk

## 17. INFORMANT

850 Goodfellow

Rev. Francis Washburn

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Fracture of hip.

INTERVAL BETWEEN  
ONSET AND DEATHConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

Broncho Pneumonia

## DUE TO (c)

Suffered in fall Nov 2, 1962 in home -

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

accident 904.0-21

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

See above

20c. TIME OF  
INJURY

Hour

a.m.

Month, Day, Year

p.m.

11-2-62

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

05 Home 05

## 20f. CITY, TOWN, OR LOCATION

St Louis, Mo

## COUNTY

## STATE

## 21. I attended the deceased from

to

and last saw her alive on

Death occurred at

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

1300 Clark

## 22c. DATE SIGNED

11-15-62

22a. BURIAL, CREMATION,  
REMOVAL (Specify)

Removal (Rail)

## 22b. DATE

11/15/62

## 22c. NAME OF CEMETERY OR CREMATORY

## 22d. LOCATION (City, town, or county)

Louisville, Kentucky

## (State)

## 22f. FUNERAL DIRECTOR

## ADDRESS

Alexander &amp; Sons 6175 Delmar Blvd

## 25. DATE RECD. BY LOCAL REG.

NOV 15 1962

## 26. REGISTRAR'S SIGNATURE

H. Smith. M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

PA 1-03337

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed JOSEPH E. MC CULLOH

Licensed Embalmer No. 2460

P. O. Address 617 5th Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.